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**Request for case discussion at Community Panel**

Email details to PanelAdmin@nelincs.gov.uk and also copy in the locality lead for your area(details on process map)

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| **FAMILY DETAILS****(please complete the following for each person in the household (child, young person, parents, carers) insert more rows if needed** |
| **Full name** | **Date of birth****(dd/MM/yyyy)** | **Parental responsibility?** | **Relationship status with family****(main carer / young carer / parental responsibility / next of kin / emergency contact)** | **Male / Female** | **Ethnicity (MUST BE COMPLETED – see table of categories below for details)** | **Religion & First Language / Interpreter needed?** | **Disability?** | **Telephone Number** |
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| **TELEPHONE NUMBER and FAMILY ADDRESS inc POSTCODE** | **Main Telephone number:****House name / number****1st line of address**: **2nd line of address**: **County**: **Post Code**:  |

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| **Consent – has the family given consent for the discussion to be held?** |
| **Does the family know you are making this Community Panel referral? Yes** [ ]  **No** [ ] Has consent been received for the family’s personal information to be processed and shared by NELC with appropriate partners and organisations? **Yes** [ ]  **No** [ ] If consent has not been received the family can still be discussed at the panel, however this **must** be done anonymously, please let the Locality Lead know and do not submit this paperwork. |
| **REFERRER DETAILS** | **Name:**  | **Email:**  | **Phone No.:**  |
| **HOW DO YOU KNOW THE CHILD / FAMILY?** |  | **IF PROFESSIONAL, GIVE ROLE & ORGANISATIONAL DETAILS** |  |
| **brief outline of family and concerns** |
| **WHAT ARE THE WORRIES/ REASON FOR THE PANEL DISCUSSION? Outline of the history and what has led to the decision to present this family at the Community Panel. Attach any current assessments and plans to support this referral.** |
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